Best Available Copy

| Effective October 1, 2003 | | | | | | | | | | | | | | | |
|--|--|--|-------------|---|---------------------------|-------------------------------|-----------|--------------------|---|------------|-----------------|--------------------|------------------------|--|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALI TYPE | ENTI | ΓΥ | OF | | ER THAN L ENTITY | | |
| | TOTAL CLAIM | AS | | | | | | RAT | F | EE | 7 | RATE | | | |
| • | OR . | | NUMB | NUMBER FILED | | NUMBER EXTRA | | BASIC | EE . | | OR | BASIC F | EE PONI | | |
| 7 | OTAL CHARG | EABLE CLAIM | s 20 | minus 20= | • | • | | XS 9 | | <u> </u> | OR | XS184 | TAZ | | |
| IN | DEPENDENT | CLAIMS . | 13 | minus 3 = | • | | | X43: | | - | 1 | X86= | | | |
| м | ULTIPLE DEP | ENDENT CLAIM | PRESENT | | | | 1 | | - - | | OR | | 1- | | |
| - | t the differen | ce in column 1 | e loss than | loss than year, enter 10° in naturn 2 | | | ٠ ا | -145: | | | OR | -290= | - | | |
| | • If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | ـــا ٠ | | OR | TOTAL | the | | |
| | CLAIMS AS AMENDED - PART (I (Column 1) (Column 2) (Column 3) | | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | | | |
| AMENDMENTA | 6-(60 | REMAINING AFTER AMENDMEN | ı | HIGHE NEME PREVIO PAID F | ER USLY | PRESENT EXTRA | | RATE | AD TIOI FE | - 1 | | RATE | ADDI- TIONAL FEE | | |
| NON | Total | . 30 | Minus | - 20 |) | - 10 |] [| XS 9- | | T | OR | X\$18= | 500 | | |
| AME | Independent | <u> </u> | Minus | 1-3 | | • 2 | 1 [| X43= · | 1 | | OR | X86= | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | П | OR | +290= | ./ | | |
| 18 | 2-11-06 (Column 1) (Column 2) (Column 3) | | | | | | | TOTAL POIT. FEE | | | L | YOTAL DOIT, FEE | | | |
| AMENUMENT B | | CLAMS REMARKING AFTER AMENDMENT | | HIGHE NUMBE PREVIOU PAID FO | ir ISLY | PRESENT EXTRA | | RATE | ADD TION FEE | AL | | RATE | ADDI- TIONAL FEE | | |
| ֓֓֞֞֞֓֓֓֓֓֓֓֡֡֓֓֓֓֓֡֓֓֓֓֡֡֡֡֡֓֡֡֡֡֡֡֡֡ | Total | -27 | Minus | -30 | \bigcirc | • | | X\$,8= | L | \Box_{a} | OR | X\$18= | | | |
| | Incependent | • 3 | Minus | - , | $\mathbf{Z}_{\mathbf{J}}$ | • | | X43= | 2 | | OR | X86= | <u>ح</u> | | |
| 1 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | 7 |)A | +290= | | | |
| | | | | | | • | | 145= | - 4. | -1` | | TOTAL OUT. FEE | | | |
| | | ADC | AT. FEE | | | A(| XXII. FEE | | | | | | | | |
| | · | (Column 1) CLAIMS REMADERS AFTER AMENDMENT | | (Cotumn HIGHES HUMBEI PREVIOUS PAID FOI | R | Column 3) PRESENT EXTRA | F | ATÉ | ADDI TIONA FEE | | | RATE | ADDI- TIONAL FEE | | |
| 1 | otal | • | Minus | •• | | • | × | \$ 8= | | ٦, | R : | X\$18= | | | |
| _ | ndependent | • * | Minus | ••• | | | X | 43- | | 7 | \Box \vdash | XB6= | | | |
| F | IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | ٦° | <u>~</u> - | | | | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

**If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

**If the Tighest Number Previously Paid For" IN THIS SPACE is less than 2d, enter "3.

*The Tighest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTD-875 Mey 1600)

BE ORIOL V & DEFURTINENT OF COMMERCE

+145=

+290=

OR ADDIT. FEE

Application or Docke: Number